

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

RECEIVED
SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

2021 APR -6 PM 12:25

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

☒ Initial Filing of Form Re-filing to Change: ☒ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

2. Name of Candidate (in this order: First, Middle, Last)

Dianne Williams-Cox

3. Address (include post office box or street, city, state, zip code)

1563 Capital Circle SE #157
Tallahassee, FL 32301

4. Telephone

(850) 556-0627

5. E-mail address

dwmscox@gmail.com

6. Office sought (include district, circuit, group number)

City Commission, Seat 5

Tallahassee

7. If a candidate for a nonpartisan office, check if applicable:

☐ My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

☐ Write-In ☐ No Party Affiliation ☐ _____ Party candidate.

9. I have appointed the following person to act as my ☒ Campaign Treasurer ☐ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Remera Jones-Haynes

11. Mailing Address

360 Remington Run Way

12. Telephone

(850) 322-4042

13. City

Tallahassee

14. County

Leon

15. State

FL

16. Zip Code

32312

17. E-mail address

auryeon@gmail.com

18. I have designated the following bank as my ☒ Primary Depository ☐ Secondary Depository

19. Name of Bank

First Commerce Credit Union

20. Address

2330 Mahan Dr.

21. City

Tallahassee

22. County

Leon

23. State

Florida

24. Zip Code

32308

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

April 5, 2021

26. Signature of Candidate

☒ *Dianne Williams-Cox*

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Remera Jones-Haynes, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer.

April 5, 2021

Date

☒ *Remera Jones-Haynes*
Signature of Campaign Treasurer or Deputy Treasurer

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2. Name of Candidate (in this order: First, Middle, Last)

Dianne Williams-Cox

3. Address (include post office box or street, city, state, zip code)

1563 Capital Circle, SE #157
Tall, FL 32301

4. Telephone

(850) 556-4627

5. E-mail address

dianneforcitycommission5@gmail.com

6. Office sought (include district, circuit, group number)

Tallahassee
City Commission Seat 5

7. If a candidate for a nonpartisan office, check if applicable:

☐ My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

☐ Write-In ☐ No Party Affiliation ☐ _____ Party candidate.

9. I have appointed the following person to act as my ☐ Campaign Treasurer ☒ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Dianne Williams-Cox

11. Mailing Address

1563 Capital Circle SE #157

12. Telephone

(850) 556-4627

13. City

Tall

14. County

LEON

15. State

FL

16. Zip Code

32301

17. E-mail address

dianneforcitycommission5@gmail.com

18. I have designated the following bank as my ☒ Primary Depository ☐ Secondary Depository

19. Name of Bank

First Commerce Credit Union

20. Address

2300 Melan Drive

21. City

Tall

22. County

LEON

23. State

FL

24. Zip Code

32308

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

4/6/2021

26. Signature of Candidate

X Dianne Williams-Cox

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Dianne Williams-Cox, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

☐

Campaign Treasurer

☒

Deputy Treasurer.

4/6/2021
Date

X

Dianne Williams-Cox
Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

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RECEIVED
SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

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I, Dianne Williams-Cox ,
candidate for the office of Tallahassee City Commission Seat 5 ;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X Dianne Williams-Cox
Signature of Candidate

April 5, 2021
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).